

Division of Alcoholism and Drug Abuse
Self-Help Group Home
Loan Application Instructions

The Self-Help Group Home program was established by the Alaska Legislature in 1990. The Division of Alcoholism and Drug Abuse administers the program with assistance from the Department of Commerce and Economic Development, Division of Investments.

The loan program assists individuals recovering from alcohol and other drug problems to establish homes in a chemical free environment. The Division of Alcoholism and Drug Abuse will lend an eligible private non-profit organization up to \$4,000 to operate a group home to serve at least four (4) individuals who are recovering from alcohol and drug abuse.

To apply for the loan, please submit the following items to:

Division of Alcoholism and Drug Abuse
P. O. Box 240249
Anchorage, AK 99524-0249
Telephone: (800) 478-7677

- ✓ a completed Eligibility form
- ✓ a completed Division of Investments application form
- ✓ a completed, signed, and notarized corporate resolution form.
- ✓ a copy of the lease agreement for the home to be rented if available.
- ✓ a copy of your certificate of incorporation as a non-profit organization or your application for incorporation indicating the date on which you applied for non-profit corporation status.
- ✓ a copy of the rules and regulations which will be used to manage the group home. **The rules must include that:**
 - the home is managed democratically,
 - the use of alcohol or drugs is forbidden,
 - the residents agree to cover all of the expenses of the house,
 - the home will be maintained as a drug and alcohol free environment, and
 - the residents establish accounts as necessary to cover the home's expenses.

Self-Help Group Home Eligibility Form

A. Personnel

The following individuals hereby certify that they are recovering from addiction to alcohol and/or other drugs.

1.

Name

Address

Reference - Personal or Treatment Agency*

2.

Name

Address

Reference - Personal or Treatment Agency*

3.

Name

Address

Reference - Personal or Treatment Agency*

4.

Name

Address

Reference - Personal or Treatment Agency*

5.

Name

Address

Reference - Personal or Treatment Agency*

6.

Name

Address

Reference - Personal or Treatment Agency*

** If a treatment agency is given as a reference, you should provide that agency with a signed release of information so that they can confirm your participation in the program to the Division of Alcoholism and Drug Abuse.*



Alaska Department of Commerce and Economic Development
Division of Investments
P. O. Box 34159
Juneau, AK 99803-4159

Self-Help Group Home Loan Program
Corporate Resolution

I, _____, _____ of
(Title)
_____, a corporation organized and existing under and by virtue of the laws of the State of _____, do hereby certify that at a meeting of the Board of Directors of the corporation, duly and regularly called and held on the _____ day of _____, 19 _____, at which a quorum was present and voting, the following Resolution was unanimously adopted:

BE IT RESOLVED, that any _____ of the following named officers or members of this corporation:

NAME

POSITION

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

are hereby empowered:

- To borrow from the State of Alaska, Department of Commerce and Economic Development, Division of Investments ("Division") on such terms as may be agreed upon between the above officer(s) or employee(s) and the Division, such sums of money as in their judgment should be borrowed, not exceeding, however, at any one time the aggregate amount of \$ _____.
- To execute and deliver to the Division the promissory note or notes of this corporation, on forms prescribed by the Division, and on such terms as may be agreed upon, evidencing the indebtedness of this corporation to the Division; and also to execute and deliver to the Division any modification or extension thereof.
- To draw, endorse, and discount with the Division, drafts, trade acceptances, promissory notes, or other evidences of indebtedness payable or belonging to this corporation or in which this corporation may have an interest, with or without recourse against this corporation, and without limitation as to the amount thereof, and to guarantee payment thereof, and either to receive cash for the same or to cause such other disposition of the proceeds derived therefrom as they may deem advisable.
- To do and perform such other acts and things and to execute and deliver such other documents as may in their discretion be deemed reasonable, necessary, or proper, in order to carry into effect any of the provision of these Resolutions.

BE IT FURTHER RESOLVED, that this Resolution shall remain in full force and effect until written notice of the revocation thereof shall have been delivered to and received by the Division.

I further certify that the persons named above occupy the positions set opposite their respective names; that this Resolution now stands of record on the books of this corporation and has not been modified or revoked in any manner whatsoever; that the foregoing, together with the exhibit(s) hereto attached, if any, and the Resolutions, if any, previously certified to the Division, comprise all of the action of the Board of Directors pertaining to this subject matter.

IN TESTIMONY WHEREOF, I have hereunto set my hand this ____ day of ____, 19__.

CORPORATE ACKNOWLEDGMENT

STATE OF ALASKA)
) ss.
 Judicial District)

The foregoing instrument was acknowledged before me this ____ day of ____, 19 ____,
by (name)_____,
(title)_____ of _____, a(n) _____ corporation,
on behalf of the corporation.

Notary Public, State of Alaska
My commission expires: _____



**Alaska Department of Commerce and Economic Development
Division of Investments**

Application for Self-Help Group Home Loan Program

The Division of Investments is the agent on behalf of the Division of Alcoholism and Drug Abuse for loan fund disbursements and repayments. This form is used to prepare loan documents necessary to close the loan you are requesting.

| | |
|---|-------------------------|
| Applicant: Corporate Name | Current Date: |
| Authorized Signor for Corporation | Telephone Number |
| Mailing Address (Street/PO Box, City, State, Zip Code) | |

| |
|--|
| Application for a loan of \$ _____ to be repaid in _____ months. |
|--|

| Membership of Corporation (Names of all members) | |
|--|-----------------|
| Name and Address | Position |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date

Authorized Signature